



Department of Planning, Building and Code Enforcement Planning Divisions, 801 North First Street, Rm 400 San Jose, California 95110-1795 (408) 277-4576

Website: www.ci.san-jose.ca.us/planning/sjplan

## INSTRUCTIONS FOR FILING A GENERAL PLAN AMENDMENT

## INSTRUCTIONS

Please prepare and submit the required information listed below to the Planning Services Division of the Department of Planning, Building, and Code Enforcement by appointment with General Plan staff.

- Completed Application Form. Complete the attached forms and provide all requested information. A separate application shall be filed for each land use and text amendment.
- **2. Submittal Period.** The City of San Jose conducts four (4) General Plan hearings a year, Winter, Spring, Summer and Fall.

Filing Deadline*	2004 Hearings	Hearing Dates
October 1, 2003	Winter Hearing	February/March
December 4, 2003	Spring Hearing	April/June
February 17, 2004	Summer Hearing	July/Sept. (tentative)
May 17, 2004	Fall Hearing	Nov./Dec. (tentative)

<sup>\*</sup> Deadline for all amendments requiring an Environmental Impact Report (EIR) is approximately 8 months prior to each hearing date. Please contact General Plan Staff with questions at (408) 277-4576.

- **3. Assessor's Parcel Map.** Submit a copy of the County of Santa Clara's Assessor's Parcel Map showing the subject property and/or region.
- 4. Noticing the Neighborhood. Refer to the Public Outreach Policy for a full description of the City's public notification procedures. Public Hearing notices for General Plan amendments will be mailed at least 10 calendar days before the hearing date. Notices will be sent to all property owners and residents within 500 feet for standard amendment request and a minimum of 1,000 feet for large or controversial amendments.
- **5.** Other forms of Public Outreach. Planning staff may determine that additional public outreach activities are appropriate for particular proposal(s).

These additional means of public outreach include use of the Internet, community meetings, newspaper advertisements and public information packets delivered to neighborhood residents in advance of a community meeting or public hearing. Typically, all of these will be employed for proposals that are large or controversial per the City Council's Public Outreach Policy.

- 6. Environmental Review. Under the California Environmental Quality Act (CEQA) an amendment to the General Plan is a "project" requiring environmental review. Each General Plan amendment request must be accompanied by an Application for Environmental Clearance and the required filing fee. All portions of the application must be completed. The Application for Environmental Clearance is the basis for the City's Initial Study used to determine whether any significant adverse environmental effects would result from the project. You will be notified if any additional technical studies (i.e., traffic, soils, and geology, archaeology, etc.) are required to complete the Initial Study.
- 7. Fees. Each application needs to be submitted with all applicable filing fees (see current fee schedule). Checks are to be made payable to the City of San Jose. Please note that fees are due for any amendment request deferred to a public hearing in the following calendar year.
- 8. Withdrawal. Withdrawal requests should be in the form of a letter addressed to the Director of Planning. Withdrawal of a General Plan amendment and refunds is at the discretion of the City of San Jose.





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## GENERAL PLAN AMENDMENT APPLICATION

TO BE COMPLETED BY PLANNING STAFF

FILE NUMBER (LAND USE AMENDMENT)	COUNCIL DISTRICT	QUAD#				
GP	DISTRICT		RECEIPT #:			
FILE NUMBER (TEXT AMENDMENT)	ZONING		AMOUNT:			
GPT GPT			DATE:			
PROJECT LOCATION AND STREET ADDRESS						
			BY:			
TO BE COMPLETED BY THE APPLICANT (PLEASE PRINT OR TYPE. FOR ADDITIONAL INFORMATION USE A SUPPLEMENTAL SHEET )						
EXISTING GENERAL PLAN / DESIGNATION OR TEXT I	REFERENCE					
REQUESTED GENERAL PLAN / DESIGNATION OR TEX	Т					
OTHER GENERAL PLAN CHANGES						
FOR THE PROPERTY LOCATED AT						
ACCECCODIC DADOEL NUMADED/C) (ADN)			-			
ASSESSOR'S PARCEL NUMBER(S) (APN)	GROSS	ACREAGE	<u>.</u>			
EXISTING LAND USE(S)						
SUBJECT SITE -						
NORTH -						
EAST -						
SOUTH-						
WEST -						

(PLE	TO BE COMPLET ASE PRINT OR TYPE. FOR ADDITIONA	ED BY TH	HE APPLICANT MATION USE A SUPPLEMENTAL SHEET)			
REASON	N(S) FOR AMENDMENT REQUEST					
	THE FOLLOWING REQUIRED MATERIALS ARE ATTACHED:					
	Application for Environmental Clearance		Assessor's Parcel Map(s)			
	Application Fee(s) and Public Noticing Fees					

APPLICANT						
That for the purpose of processing and coordination of this application, the following person is my (our) designated representative/contact person:						
PRINT NAME OF APPLICANT		RELATIONSHIP TO OWNER(S)			NAME OF FIRM, IF APPLICABLE	
ADDRESS		CITY		STATE	ZIP CODE	
ADDICESS		CITT			JIAIL	ZII CODE
DAYTIME TELEPHONE #	ELEPHONE # FAX TELEPHONE # E-MAIL		AIL AE	ADDRESS		
( )	(	)				
CONTA	CT PE	ERSON (IF DIFFER	ENT F	RO	M APPLICANT)	
PRINT NAME OF CONTACT PERSON				NAME OF FIRM, IF APPLICABLE		
ADDRESS			CITY		STATE	ZIP CODE
DAYTIME TELEPHONE #	FAX TE	LEPHONE #	E-MA	AIL AE	DDRESS	
( )	(	)				
		PROPERTY O	WNEF	?		
PRINT NAME OF OWNER				NAME OF FIRM, IF APPLI	CABLE	
ADDRESS			CITY		STATE	ZIP CODE
DAYTIME TELEPHONE #	FAX TE	LEPHONE #	E-MA	AIL AE	DDRESS	
( )	(	)				
PRINT NAME OF OWNER				NAME OF FIRM, IF APPLI	CABLE	
ADDRESS CITY STATE ZIP CODE				ZIP CODE		
DAYTIME TELEPHONE #	FAX TE	LEPHONE #	E-MAIL ADDRESS			
( )	(	)				

PROPERTY OWNER						
PRINT NAME OF APPLICANT				NAME OF FIRM, IF APPLICABLE		
ADDRESS		CI	TY	STATE	ZIP CODE	
DAYTIME TELEPHONE #	FAX TELEPHONE #		E-MAIL A	DDRESS		
( )	( )					
PRINT NAME OF CONTACT PERS	ON			NAME OF FIRM, IF APPLI	ICABLE	
ADDRESS		CI	TY	STATE	ZIP CODE	
DAYTIME TELEPHONE #	FAX TELEPHONE #		E-MAIL A	DDRESS		
( )	( )					
PRINT NAME OF OWNER			NAME OF FIRM, IF APPLICABLE			
ADDRESS		CI	TY	STATE	ZIP CODE	
DAYTIME TELEPHONE #	AYTIME TELEPHONE # FAX TELEPHONE # E-MAIL		E-MAIL A	DDRESS		
( )	( )					
PRINT NAME OF OWNER				NAME OF FIRM, IF APPLI	ICABLE	
ADDRESS		CI	TY	STATE	ZIP CODE	
DAYTIME TELEPHONE #	FAX TELEPHONE #		E-MAIL A	DDRESS		
( )	( )					
PRINT NAME OF OWNER			NAME OF FIRM, IF APPLI	ICABLE		
ADDRESS CITY			TY	STATE	ZIP CODE	
DAYTIME TELEPHONE #	AYTIME TELEPHONE # FAX TELEPHONE # E-MAIL			DDRESS		
( )	( )					





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<b>NOTICE TO APPLICANT:</b> <i>Do not complete</i> this form. Present at time of application. Your application will be accepted <i>only</i> if <i>all</i> items are included in correct form and numbers. Please be advised, however, that the items on this check sheet do not necessarily constitute a complete application. Additional items may be required to complete the review of your amendment.						
FILE NUMB	FILE NUMBER STAFF DATE RECEIVED					
REQUIRED COPIES		DOCUMENTS				
1	APPLI	CATION FORM correctly filled out				
		Applicant(s) - Information				
		Property Owner(s) - Information				
		Contact Person identified				
1		COUNTY ASSESSOR'S MAP				
	ENVIRONMENTAL REVIEW					
5		Draft EIR or				
2	Completed Application for Environmental Clearance which includes:  Vicinity and location maps Photographs Signed disclosure forms					
12**		Initial Study prepared by an Environmental consultant				
2		Some evidence that environmental review has been completed (i.e., prior Environmental Impact Report)				
**Note: 27 copies if State Clearinghouse review is required.						
	FEES	☐ Application Fees ☐ Environmenta☐ Additional Charges ☐ Record Retent		Fee		